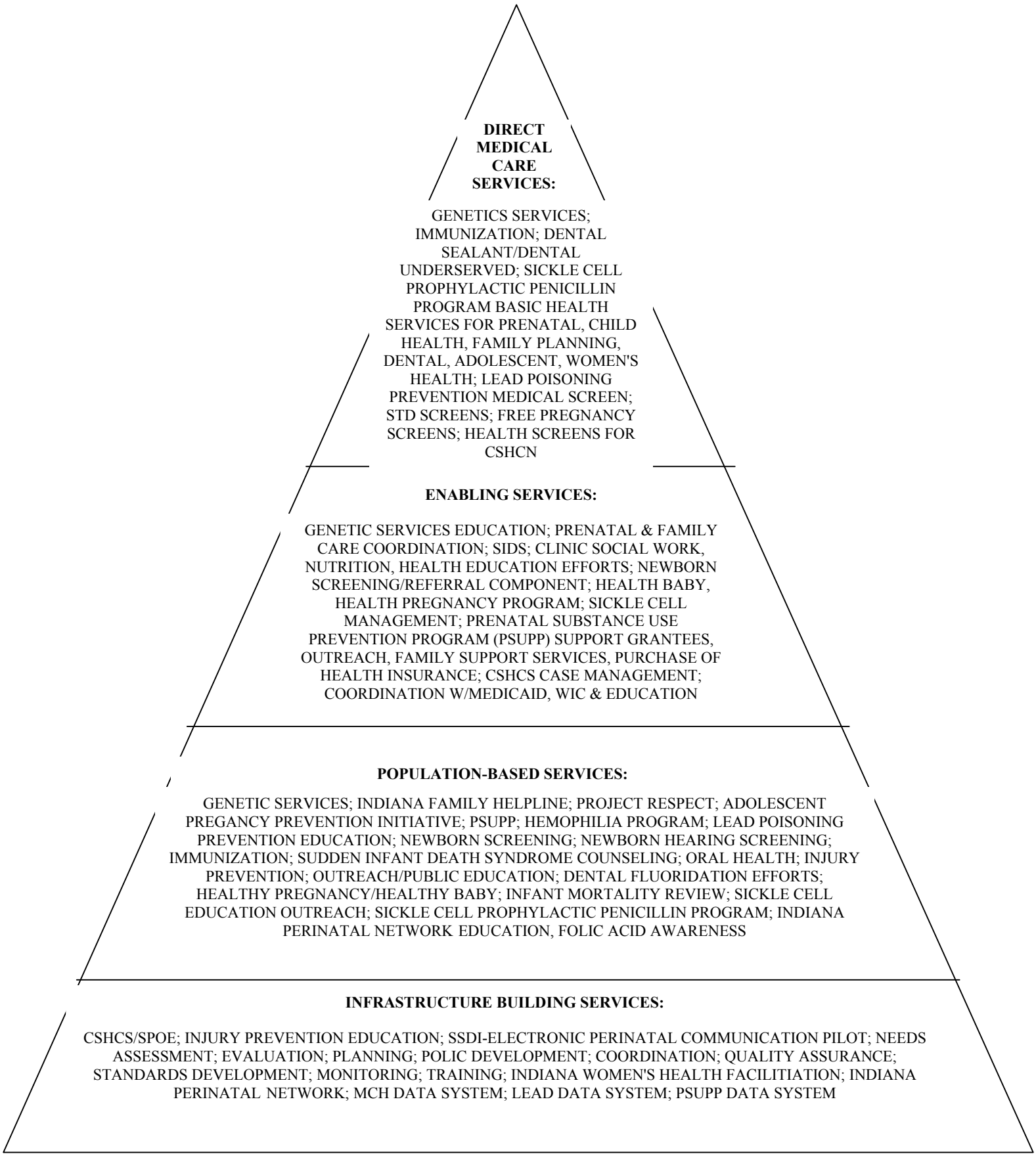
INDIANA STATE DEPARTMENT OF HEALTH

MATERNAL AND CHILD HEALTH

FISCAL YEAR 2002

DRAFT ANNUAL PLAN

FIGURE 2: CORE PUBLIC HEALTH SERVICES



IV. REQUIREMENTS FOR THE ANNUAL PLAN [Section 505 (a)(2)(A)]

The Annual Plan Performance Measures and related program activities will be discussed according to Pyramid level and population groups, beginning with the Infrastructure Building level of the Pyramid. Most of Indiana's priority needs and State Performance Measures (SP) can be categorized in this level of the Pyramid. Activities will be discussed by individual or multiple target populations, if the activities are the same. Indiana MCHS and CSHCS assume that any performance measure targeted at the population of children includes children with special health care needs as well. Annual Performance Objectives will also be listed under the appropriate Pyramid level and population.

4.1 Program Activities Related to Performance Measures

INFRASTRUCTURE BUILDING SERVICES

1. ***All Targeted Populations (Pregnant Women, Mothers, and Infants; Children; and CSHCN)***

   Needs Assessment/Evaluation/Monitoring: Progress has been made in the development of a system to obtain oral health performance and health status statistics annually and to collect CDC's Youth Risk Behavior Survey every two years through the SSDI grant. The Genetics Planning grant will be testing the data integration system for CSHCS and vital statistics data and will be working with vital statistics to insure data integration with a new system in vital statistics and newborn screening will be possible. All data collection systems within ISDH are being evaluated for HIPAA compliance. All data integration will have to meet HIPAA criteria to be completed. The MOU between Title V and FSSA is not yet finalized but does include specific language to improve data exchange with Indiana Health Care Programs (IHCP). A system is being developed to merge prenatal care coordination outcome from Medicaid, MCHS, and a Medicaid contracted MCO.

   Other programs within MCHS that collect data on all populations that is used as part of the needs assessment, monitoring, and evaluation of services of MCHS and CSHCS include:

- The **Indiana Family Helpline (IFHL)** (1-800-433-9746) provides ongoing statewide health systems needs assessment/evaluation/monitoring data to MCHS and other ISDH and state programs (particularly population-based education initiatives). The IFHL is principally a population-based enabling service for information, referral, and occasional facilitation into health and social services. It is also used by several programs for population-based education initiatives. However, the number and types of calls received provide MCHS Health Systems Development (HSD) consultants, Oral Health consultants, Office of Minority Health, Hoosier Healthwise and others provide a barometer of issues in the local community. If the IFHL should become a call center for 2-1-1, access to statewide needs based on calls would be readily available.
- The **Grantee Direct Health and Enabling Service Data** collected through enrollment and encounter form entries also provides much more health outcome information for all population groups than has been utilized to date. While the new Y2K compliant systems for both MCHS and CSHCS are still being completed and implemented, the programs should have more accessible data to assist in determining the health of the MCHS and CSHCS populations and the impact these programs have on the general population. Reports to access these data are still being created. Again, HIPAA criteria may also minimize access to this type of data.
- The **Health Systems Development Consultants (HSD)** in MCHS, when asked, work with grantees, the local health departments, community groups that focus on service delivery like the Step Ahead Councils, First Step Councils, hospitals, private physicians, and other groups which are concerned with health care infrastructure. The consultants facilitate the local

communities in assessing the health need of a county or community. The HSD consultants assist these groups in filling the service gaps. These interdisciplinary consultants (nurses, social workers, nutritionists, and health educators) also provide programmatic technical assistance to local grantees and others requesting assistance. They monitor and evaluate grantees through site visits, grantee annual reports, grant applications, and electronic data.

One SP is defined that should improve MCHS in the assessment, monitoring, and evaluating MCHS programs.

SP #09) To establish a system of routine data access with internal and external data sources.

FY 2002 Performance Objective: MCHS will complete at least two of five data access measures by the end of FY 2002.

Activities that will impact the completion of this objective include:

- Development of an MOU with Office of Medicaid Policy and Planning, that will include routine timely access to data for PM #13, Core Health Status Indicators (CHSI) # 2, 3, and 6, and Developmental Health Status Indicator (DHSI) 4. The Medicaid row of Form C3 of the Health Status Indicators is completed at the "2" level.
- Regular communication among ISDH Epidemiology Resource Center, MCHS, and the Indiana Health and Hospital Association to develop routine access to data for CHSI 1, DHSI 2, and a completion of first three columns of the Hospital Discharge row of Form C3 at the level of "3".
- The new CSHCS data collection system will provide routine access to data for Performance Measures 1 and 11 through reports functioning.
- Implement lead surveillance data sharing with CDC.

- Implement the tracking system for Newborn Hearing Screening..

Quality Assurance/Standards Development: Quality assurance standards for perinatal, and child and adolescent health were completed in FY '98 and implemented in FY '99. Bright Futures protocols have been provided to child health clinics as well. Guidelines and standards for prenatal, family and CSHCS care coordination are in place, as well as quality assurance standards for HIV counseling and treatment. Within ISDH, several programs that work with hospitals like Newborn Screening (metabolic, hearing, and meconium), HIV perinatal program, immunizations, ICLPPP, et. al., developed a hospital survey to assess a hospital's need for technical assistance. As part of the survey, sample protocols are provided to each hospital and addition consultation will be available. HSD consultants will work with IPN facilitators to ensure existing standards are shared with MCOs, hospitals, and public and private practitioners.

Consumer involvement in program and policy development and consumer satisfaction is an important part in the quality assurance of MCHS. SP #13 was development to improve in this area.

SP #13) The degree to which the State assures family participation in program and policy activities in the State MCHS program.

FY 2002 Performance Objective: The Indiana MCHS will improve parental involvement in the program by progressing from "6" to "7" degree points by the end of the fiscal year 2002.

Activities that will positively impact this SP include:

- Utilize volunteers from current employees who use or have used MCHS or WIC services to provide input on program development.

- Re-establish the MCHS/CSHCS Advisory Board and include consumers.
- Reimburse for consumer participation in statewide policy making activities.
- Require grantees to report on client satisfaction surveys as part of their annual report.

Policy Development: Policy development for all MCHS programs and initiatives occurs with input from MCHS staff, other ISDH programs and agencies with whom MCHS collaborates, ISDH management, associated Advisory Boards, local agencies affected and, occasionally, the Governor's Office. The level of input varies with the significance of the issue involved.

Coordination: Coordination efforts are continuous in MCHS and CSHCS. Several grants received by the programs are focused on coordination of services. The Indiana Integrated Services SPRANS Grant for CSHCS and First Steps has provided coordination that impacts more than the target population through the implementation of the combined enrollment form accepted by Medicaid, First Steps, CSHCS, and MCH, the development of the Health Passbook for CSHCS and foster children. An Infant Mental Health advisory group has been convened to focus on Infant Mental Health. While this is the last year of the SPRANS grant, these coordination functions are being incorporated into the system. Coordination among ISDH/MCHS, SCHIP, and Hoosier Healthwise continues as Hoosier Healthwise Package C in implemented. MCHS received an SSDI grant to develop a method of obtaining current information regarding the use of dental sealants in conjunction with the school, to facilitate an adolescent risk behavior survey through schools, and to coordinated data between OMPP and ISDH. Program directors

and other management team leaders participate in the "Building Bright Beginnings" Campaign (*I am Your Child* Coalition in Indiana) subcommittees, OMPP Provider Access Task Force, Child Health Policy Board's Advisory Board for Children with Special Health Care Needs, and the Indiana Perinatal Network, Inc. Advisory Board. This infrastructure building coordination lays the groundwork for the implementation of both population-based education initiatives and statewide program endeavors.

While the Genetics Disease Program functions primarily as a population-based program (see Genetics Disease Program, p.__), the MCHS have a two year grant to build infrastructure and develop a genetics plan. The development and implementation of Indiana's Genetics Plan is the focus of SP #15 that requires both internal and external organizational coordination.

SP #15) To facilitate the integration of genetics and build genetics capacity within other areas of public health.

FY 2002 Performance Objective: MCHS will complete at least two of five defined measures of integration and capacity building by the end of FY 2002.

Activities to accomplish this SP include:

- A Genetics Advisory Committee will be convened semi-annually.
- A needs assessment will be completed through a contractor.
- Consumer focus groups will be convened for needs assessment.
- The feasibility of linking vital statistics and the database of CSHCS will be evaluated through a contractor.
- Educate public health areas as to their interface with genetics.

Training and Applied Research: MCHS nutritionists provide training and field experience annually for the Riley Infant and Child Nutrition Fellows. The Genetics Specialist provides an internship

for graduate students when appropriate. Medical students can do a rotation in MCHS. MCHS Director has assisted with MPH candidates' field training experience.

2. Pregnant Women, Mothers, and Infants

Needs Assessment, Monitoring, Evaluation; Quality Assurance and Standards;

Policy Development; Coordination: In an effort to have impact on Indiana's priority need of improving pregnancy outcomes and reducing barriers of health care for pregnant women and infants, Indiana MCHS established the Indiana Perinatal Network, Inc. (IPN) to implement the Perinatal Strategic Plan, developed in 1996. To date the IPN has facilitated regional Perinatal Advisory Boards, has implemented the *Baby First—Right From the Start* educational campaign and created the infrastructure for expansion, and has created professional education and resource infrastructure with the quarterly *Perinatal Perspectives* newsletter, the biennial *Indiana Perinatal Practice Alerts,* and the Indiana Perinatal Online Magazine. IPN is piloting the Provider Continuing Education Program (PCEP) in three hospitals and is facilitating the Marion County pilot of the *Friendly Access* initiative. IPN was instrumental in the legislation of the Newborn Hearing Screening law and in developing the tracking system. Through research and consensus IPN has developed the Perinatal Care Consensus Statement, Prenatal Care Coordination Consensus Statement, the Breastfeeding Consensus Statement, and Access to Risk Appropriate Medical Obstetrical Care Consensus Statement. IPN will continue to contribute significantly to the infrastructure building of MCHS.

Three National Performance Measures (PM #16, #17, and #18) and a State Performance Measure (SP #12) also relate to improved

pregnancy outcomes, lowering high risk pregnancy and adolescent rates, and reducing barrier to care priorities. SP #12 specifically relates to lowering Black/White disparity in infant mortality outcomes. While these performance measures are categorized on the Infrastructure Building level, they are very dependent on the direct health care and enabling service levels to be accomplished. To effect change, both public and private providers, business and community leaders and others must be involved and educated on the subject as well as the consumers. This is a health system behavior change that can be a long process.

PM #18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

FY 2002 Performance Objective: The percent of infants born to pregnant women initiating prenatal care in the first trimester of pregnancy will increase from 78.4 % in FY 2001 to 78.6% in FY 2002.

Activities that will impact accomplishment of this objective:

- In Marion County, MCHS and IPN will support and facilitate the implementation of *Friendly Access* within the Health and Hospital Corporation hospital, public clinic, and public health system.
- To improve the comfort level of clients of different cultures, grantees will be encouraged to implement techniques to promote cultural sensitivity. Grantee staffing will reflect the ethnicity of the target population.
- Each grantee will be mandated by contract to send one staff per year to the cultural diversity training provided by the Office of Cultural Diversity.
- The *Healthy Pregnancy/Healthy Baby Campaign* (free pregnancy tests) will continue to be provided to agencies

working with women of childbearing age. Agencies using the tests for outreach will refer clients to appropriate prenatal care, Medicaid, and WIC. MCH grantees providing prenatal care will take referrals from such agencies.

- For the FY 2002 grantee selection, applicants in the 24 targeted counties with sites in GIS high risk areas will be given priority.
- Grantees providing prenatal care services will participate in all population-based perinatal education marketing campaigns sponsored by ISDH/MCHS or IPN.
- Grantees will contribute to regional infrastructure by participating in an IPN Regional Advisory Board and in community groups working with mothers and children to market the prenatal services offered and educate agencies on the importance of early prenatal care.
- Grantees may expand services to offer a basic first prenatal visit service while pregnant women are awaiting a physician/provider visit in areas of high need and with physician provider cooperation.
- Grantees will participate in community incentive programs where available to encourage early entrance into prenatal care.
- *Baby First—Right From the Start* multimedia campaign through the Indiana Perinatal Network, Inc. will be initiated at some level throughout the state. Early prenatal care is emphasized in this educational package.
- MCHS will continue to fund and provide technical assistance to prenatal support programs providing culturally sensitive home visit programs.

- All IPN perinatal standards and educational materials to both professionals and consumers will include information on early entrance into prenatal care.
- MCHS staff and local grantees will coordinate with Healthy Start sites in Marion and Lake Counties.

SP #12: Percent of black women (15 through 44) with a live birth during the reporting year whose prenatal visits are adequate (80% on the Kotelchuck index).

FY 2002 Performance Objective: The percent of black women (15 through 44) with a live birth during the reporting year whose prenatal visits are adequate will increase from 64% in CY 2001 to 65% in FY 2002.

Activities that will impact accomplishment of this objective include:

- All of the activities in NPM #18 will affect this SP.
- Distribute and analyze an agency survey to grantees regarding cultural competency.
- Assure that each grantee operating in a county with a minority population of 5000 or more and providing prenatal health care or enabling services has at least one measurable outreach activity to Black and minority prenatal populations.
- Through IPN, facilitate awareness and competency in addressing the transcultural aspects of perinatal health care in collaboration with Minority Health Coalitions (state and local).
- In collaboration with IPN, Indiana Minority Health Coalition, Indiana Hispanic Coalition and the Office of Cultural Diversity distribute culturally sensitive and bilingual materials.

- Train additional black community health workers to assist Prenatal Care Coordinators in providing outreach and support for black pregnant women.
- IPN and MCHS will sponsor a booth at the Indiana Black Expo Black and Minority Health Fair to educate attendees regarding the need for early and adequate prenatal care.
- Continue to work with Lake and Marion Counties with Healthy Start and other grant efforts.
- Continue to work with IPN, Minority Health Coalitions, Health Visions, Public Health Departments, Medicaid, and Managed Health Services to develop actions to improve adequacy of prenatal care for pregnant black women and other minorities in all affected counties.

The following two performance measures might also be placed in the population category of children with special health care needs. However, the prevention of low birthweight babies and early intervention for these children best occurs in the perinatal period.

PM #15: Percent of very low birthweight live births

FY 2002 Performance Objective: The percent of very low birthweight infants among all live births will decrease from 1.3% in FY 2001 to 1.2% in FY 2002.

Activities to accomplish this performance measure include:

- State MCHS will provide funding for direct perinatal services and enabling services through grants to provide prenatal care, outreach, and education to high risk pregnant women. Priority will be given to grantees in the 24 targeted counties with sites in GIS determined high risk areas.
- Grantees will work with local individuals or groups that represent the racial/ethnic groups in their client populations

to facilitate better communication with clients of varying race/ethnicity and /or receive cultural sensitivity training.

- Grantees will educate and monitor clients on pre-term labor signs and symptoms, the risks of smoking to a pregnancy outcome, the importance of appropriate weight gain and other issues identified in the Fetal and Infant Mortality Review findings.
- Grantees will participate in the Indiana Perinatal Network
- Grantees will reinforce to clients the perinatal health care points cited in the IPN *Baby First—Right From the Start* and *Bright Futures for Babies.*
- Grantees providing direct services will follow Prenatal Care Consensus Statement guidelines approved by the IPN Board.
- Babies who are very low birthweight and are in the NICU will be enrolled in CSHCS and First Steps before they leave the hospital.
- IPN staff will convene the Issues committee of the IPN Advisory Board and First Steps staff to review VLBW issues in ten counties identified by the group.
- IPN and HSD consultants will provide consultation to groups doing Fetal and Infant Mortality Reviews.
- *Bright Futures for Nutrition Services* will be distributed to MCHS funded clinics and CHCs.

Indiana does not have a regional system that designates hospitals as basic, specialty and perinatal subspecialty level hospitals. The results of the IPN voluntary statewide survey of all hospital currently with obstetrical departments indicated that 26 hospitals were self determined to be basic; 27 hospitals indicated that they were specialty hospitals for neonates and 8 described themselves as perinatal subspecialty hospitals. The Indiana Perinatal

Advisory Board has developed a second survey checklist with more specific criteria on hospital classification based on the standards found in *Toward Improving Outcomes of Pregnancy II* by March of Dimes and *Guidelines for Perinatal Care 4th Edition* by ACOG and AAP. This checklist is being sent to hospitals from ISDH, MCHS, and IPN in 2001.

PM #17: Percent of very low birthweight infants delivered at facilities for high risk deliveries and neonates

FY 2002 Performance Objective: The percent of very low birthweight infants delivered at facilities for high risk deliveries and neonates from 57% in FY 2001 to 57.5% in FY 2002.

Activities to move toward obtaining this data include:

- Continue to maintain the Indiana Perinatal Network to assist with infrastructure building and population-based education.
- Based on IPN Advisory Board consensus and recommendations, establish quality standards for each level of hospital care with input from all involved.
- Establish a framework based on results of the 2001 Hospital Survey Checklist to create better ways to ensure pregnant women deliver in appropriate hospitals.
- Issues Subcommittee of IPN State Advisory Board will distribute an Emergency Room Care of Prenatal Patient Care Guide or consensus statement to ensure proper referral and follow-up.

Coordination and Training: HSD consultants provide regional networking meetings to prenatal and family care coordinators 2-3 times per year. This on-going Infrastructure Building activity was implemented to provide continued support and training for prenatal care coordinators (case managers) who have credentials

to provide Medicaid reimbursed Prenatal Case Management. These meetings compliment the certification training provided by the Indiana Chapter of the National Association of Social Workers. In FY 2001, issues covered include review of the new care coordination outcome report form and early data analysis and smoking cessation techniques.

Coordination and Policy Development: Within ISDH MCHS consultants work with HIV staff to develop policies that promote the testing of pregnant women for HIV, and coordinates with the Office of Women's Health on women's health issues. MCHS has coordinated with the Quality Improvement Program in developing policies regarding community health center funding.

Training and Applied Research: MCHS continues to provide Community Health Worker training. These paraprofessionals are able to assist with Medicaid reimbursed prenatal care coordination (case management). Certification materials and a final test are provided to Certified Care Coordinators to train their community health workers. This training may be offered by Ivy Tech for credit by FY 2002.

2. Children

Assessment, Monitoring, and Evaluation: Two NPMs for children relate to assessing, monitoring, and evaluating access to care for children. The process NPM, "percent of Medicaid enrollment who received service…" affects the capacity objective, "percent of children without insurance…". Improvement in both of these objectives is dependent upon the success of OMPP in marketing Hoosier Healthwise and enrolling adequate numbers of providers to

make access to care for the consumer easy and efficient. However, MCHS activities for both measures will be the same.

PM #12: Percent of children without health insurance.
FY 2002 Performance Objective: To decrease the percent of children without insurance from 11% in FY 2001 to 10.5% in FY 2002.

PM #13: Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid program.
FY 2002 Performance Objective: To maintain the percent of Medicaid eligible children who have received a service paid by the Medicaid program at 80% in FY 2002.
Activities that will impact these NPMs include:

- Require all MCHS grantees providing Medicaid reimbursable direct preventive, primary care and enabling services to be Medicaid providers.
- Require all MCHS grantees providing direct and enabling services to facilitate or provide outreach, education, referral, or enrollment to Medicaid/SCHIP eligible clients not yet enrolled in Hoosier Healthwise Packages A or C.
- Require all CSHCS applicants to make application to Hoosier Healthwise as part of the enrollment procedure so that an eligible client will use CSHCS as payer of last resort.
- The Indiana Family Helpline (IFHL) will provide outreach, education, referral or application for the Hoosier Healthwise Packages.
- MCHS staff with ISDH Local Liaison and Quality Improvement staff will assist OMPP and their Hoosier Healthwise contractors to improve access to providers in identified at risk counties.

For the following NPM, the services of the Indiana FSSA, Division of Mental Health (DMH) would have more direct impact on improving the outcome. The improved adolescent health insurance coverage through Hoosier Healthwise expansion should also decrease the barrier of payment for mental health services. Access to care, however, is also dependent on the success of marketing the insurance coverage to parents of teens and to increasing the numbers of mental health care providers available.

PM #16: The rate of suicide deaths among youths aged 15-19

FY 2002 Performance Objective: The rate of suicide deaths among youths aged 15-19 will decrease from 7.1 in FY 2001 to 6.9 by the end of FY 2002.

MCHS activities that will be associated with the accomplishment of this objective include:

- All MCHS grantees will be provided with have a copy of the suicide prevention manual.
- Implementation of the child health standards which include assessment of depression for adolescents and appropriate referrals.
- Bright Futures guidelines will be used to evaluate depression in teens.
- All adolescent health centers funded by Title V will screen for risk of depression and refer as needed.

Other programs within MCHS or ISDH that provide major statistical input into assessment, monitoring, and evaluating services for children include:

- **Newborn Screening** is a population-based program that tracks some genetic abnormalities, newborn hearing screening, and meconium screening for follow-up and early interventions and for needs assessment, monitoring and evaluation.
- **Lead Surveillance** through the CDC grant provided MCHS with prevalence data and currently monitors for follow-up and intervention in the targeted high-risk communities.
- **Immunization Program** provides up-to-date access to immunization records for assessment, evaluation, and monitoring the utilization of vaccines. The Immunization Tracking, Information Management, and Evaluation System (ImTIME) has been installed in all local health departments throughout the state.

Policy Development/Coordination: See "All Target Population" in this section.

Training and Applied Research: The MCHS HSD Adolescent Health Consultant will provide training to the Indiana RESPECT grantees annually. MCH staff participate in the Center for Public Health Education at Indiana University, Indianapolis. The goal of the Center is to develop education for local public health workers. MCH staff also participate in training of medical students, MPH students, nutritionists and genetic counselors.

3. Children With Special Health Care Needs

Needs Assessment, Monitoring, Evaluation: CSHCS has implemented the new data system for the application, enrollment and monitoring of clients, and the reimbursing of providers. Through a Genetics Planning Grant the feasibility of integrating

several ISDH databases to improve birth defects surveillance is being explored in 2001 and 2002. CSHCS has piloted a system in Marion County to ensure the opportunity of enrollment in CSHCS of SSI recipients who are eligible. Statewide implementation is still being negotiated. Tracking of newborn meconium screening of infants at risk for intrauterine drug exposure and newborn hearing screening should assist is assessing the prevalence of prenatal drug use and hearing impairment respectively, and promote early intervention for these special needs children.

In 1992 CSHCS began functioning as payer of last resort (after private health insurance and Medicaid) for primary/preventive health care services that occur in the provider offices and specialty care services (both office and hospitalization) that are related to the diagnosis/es for which the client is enrolled in CSHCS. (State matching allocation, not Title V federal funds, are used for service reimbursement.) For clients who are not eligible for Hoosier Healthwise and who do not have health insurance, CSHCS covers all primary care and specialty care related to the participant's eligible diagnosis. While the rules of CSHCS do not currently require client families to apply to Hoosier Healthwise Package C (SCHIP), families will be encouraged to do so. This should increase the number of families with full insurance coverage and lower direct costs to CSHCS.

The ability to report on this NPM for children with special health care needs at the infrastructure level of the Pyramid is directly related to the establishment of the new data collection system. Reports on insurance coverage of enrolled families will be readily available in the new system. (Our pervious interpretation for this NPM assumed that CSHCS coverage was appropriate insurance coverage.)

PM #11: Percent of Children with Special Health Care Needs (CSHCN) in the State CSHCN program with a source of insurance for primary and specialty care.

FY 2002 Performance Objective: *Children with special health care needs who have a source of insurance for primary and specialty care will increase from 78% in FY 2001 to 79% in FY 2002 (more accurate baseline data will be collected).*

Activities to accomplish this goal include:

- First Steps, CSHCS, and MCH will continue using the combined enrollment form that will also be accepted as a Hoosier Healthwise application for Packages A and C.
- Continue requiring Hoosier Healthwise (HH) Package A application as part of the CSHCS enrollment process; encourage families to apply and enroll in HH Package C; change CSHCS rules to require application to HH Package C.
- Continue the policy of utilizing private health insurance and Medicaid as first payers for primary and specialty services.
- Continue the policy of reimbursing providers for in-office primary/preventive health care services and specialty care services (related to diagnosis) for CSHCS eligible children with no other method of insurance.
- Continue coordinating with First Steps for dually enrolled clients during the first three years of life.
- Co-chair and staff the Advisory Committee for Children with Special Health Care Needs of the Child Health Policy Board.
- The pilot system, established in Marion County, between SSI and CSHCS to ensure all SSI clients who are eligible for CSHCS are given the opportunity to enroll will be established statewide.

Quality Assurance and Standards and Policy Development:
Because of the delay of implementation of the new computer system and the reorganization of CSHCS, CSHCS policy revisions will be completed in FY 2002. The CSHCS policies reflect standards of care for reimbursement and quality assurance. The Advisory Committee for CSHCN to the Child Health Policy Committee, the Genetics Advisory Group, Infant Mental Health Advisory Group and the Newborn Screening Advisory Group are available to provide a review of the needs, policy, rules, training needs and provision, and procedure development in each area of concern.

Family participation in program development, assessment, and evaluation in CSHCS and MCHS has been an area in need of improvement. The Indiana Parent Information Network has been the primary link to families of CSHCS through the Indiana Parent Information Project. This project provides telephone and mail support, education, and referral linkage, as well as conferences for parents and professionals on issues of families with children with special health care needs. However, with more local care coordination being provided, more parents have been hired as care coordinators. Both the Child Health Policy Board and its Advisory Committee for CSHCN have family representatives. MCHS still employs (through a grant) a SIDS parent to direct the SIDS program and CSHCS/MCHS hired a parent/professional as Hospital Liaison Consultant to assist with Newborn Hearing Screening. Further emphasis in developing methods to include families in program and policy activities is intended.

PM #14: The degree to which the state assures family participation in program and policy activities in the State CSHCN Program

FY 2002 Performance Objective: *Indiana CSHCS will maintain parent involvement in the program at 16 degree points.*

Activities to accomplish this NPM include:

- Through the IPIN grant, funding will continue to be available to families for training, for the IPIN newsletter, and Family Voices information dissemination.
- IPIN Director will assist in writing the MCH Block Grant Application and a parent representative will assist CSHCS in reading community grant applications.
- CSHCS will survey parents to assess the program.
- The Advisory Committee for Children with Special Health Care Needs will include four parents of children with special health care needs appointed by the Governor.
- Parents will continue to participate on the MCH/CSHCS and Infant Mental Health Advisory Committees.
- At least three parents/consumers will participate on the Genetics Advisory Committee.

Coordination: The Indiana Integrated Services SPRANS grant that coordinates services for special needs children will be completed. The linkages that have been made have been integrated into the current services. The combined enrollment form will continue to be used by First Steps, CSHCS, MCH and Hoosier Healthwise. Linkages for early identification and intervention will continue to be made through the Neonatal Intensive Care Units and hospital newborn hearing screening, SSI, and other agencies working with CSHCN.

POPULATION-BASED SERVICES

1. ***All targeted populations (Pregnant Women, Mothers and Infants; Children; Children with Special Health Care Needs)***

   Outreach and Public Education: One of Title V's major contributions to public education and outreach is through the Indiana Family Helpline (IFHL), the mandated statewide telephone information and referral service (1-800-433-0746) which has been operational since April, 1988. This population-based service provides callers with county-specific primary and preventive care providers who accept Hoosier Healthwise (Medicaid), EPSDT providers, providers of services for children with special health care needs, social services agencies, local health departments, community and rural health centers, and community mental health centers. The IFHL also assists callers with access to food pantries, SIDS services, GED programs, vocational training programs, literacy programs, child care, Healthy Start, Step Ahead Councils, Indiana Minority Health Coalitions, substance abuse treatment, lead screening sites, breastfeeding support resources, shelters, sexual abuse services and many others.

   In addition, if programs within the ISDH, such as the Immunization Program, the Folic Acid Initiative, Indiana RESPECT, HIV/AIDS, or the Breast and Cervical Cancer Programs have a statewide educational campaign, the IFHL number will be the reference to answer further inquiries or send educational information. The number frequently appears on educational campaigns not sponsored solely by ISDH, including *Building Bright Beginnings* (Indiana's *I Am Your Child* Campaign) and *Baby First—Right From the Start* (an IPN media campaign).

The IFHL number is marketed through WIC offices, Division of Families and Children, Minority Health Coalitions, MCH-funded and non-funded clinics, CSHCS, and most educational initiative materials from ISDH. The demographic statistics collected from IFHL callers to this population-based service are used to assist, monitor, evaluate and plan in the infrastructure level of the Pyramid.

MCHS is funding much of the ISDH smoking cessation initiative targeted for teens and children through FY 2001. This campaign is a population–based educational effort of ISDH. During 1999 a media campaign, *It's Gonna Cost You,* was implemented through television, radio, newspapers, magazine spots, and billboards at sports venues. Print materials were created (posters and brochures) to reinforce the ads and are available to schools and the public. The goals of this effort are to decrease the initiation of smoking in Indiana's youth and delay the initiation of those who choose to smoke. The Indiana Tobacco-Free Partnership, a coalition of agencies interested in promoting smoking cessation, has been developed. The Indiana Tobacco Cessation and Prevention Agency will now take the lead in population-based education for Indiana.

2. Pregnant Women, Mothers, and Infants

Outreach and public education: Outreach and public education on topics related to perinatal health and improving pregnancy outcomes or early intervention has been carried out through the cooperation and coordination of the Indiana Perinatal Network. *Baby First--Right From the Start*, a multi media campaign developed by IPN with public and private funds has expanded to reach nearly the whole state. The Indiana Perinatal Online

Magazine (IPOM) has a site on the internet (Internet address: www.cpdx.com/ipom). At this site there are several professional and public education articles, data, and resources for perinatal services. *Perinatal Perspectives* is a bimonthly IPN newsletter that also provides perinatal education and resources. The mailing list for this publication is diverse, inclusive of anyone interested, and is intended to expand. In addition, "Provider Alerts" on topics such as HIV are published twice per year. Regional Perinatal Advisory Boards are encouraged to provide education seminars. The Breastfeeding Subcommittee of the IPN works with WIC Breastfeeding Committee to provide breastfeeding education at Black Expo and other health fairs and up-dated a Breastfeeding Resource Directory that was sent to libraries, birthing centers, family practitioners, obstetricians, and pediatricians. The SIDS Program, Back to Sleep Campaign, continues.

Findings from Fetal and Infant Mortality Reviews have been the basis for one public education piece, *Lessons Learned from Fetal and Infant Mortality Reviews* (available in English and Spanish), developed by IPN and widely distributed by MCHS. A fetal and infant mortality review in Lake County has prompted additional public and professional education and system protocol changes. Recommendations from the technical review team have initiated increases in grief counseling availability and genetics referrals and have upheld the need to educate the public with the above information in public places like grocery stores, beauty shops and drug stores, as well as physicians offices.

Annually, CSHCS and MCHS publish and distribute federally poverty level income guidelines for Hoosier Healthwise,

CSHCS, WIC, and MCHS. Current child health care guidelines and prenatal care guidelines are provided upon request after initial distribution. Folic Acid Initiative materials, primarily from CDC and ISDH, and Genetics education materials continue to be distributed.

Indiana RESPECT, the State's adolescent pregnancy prevention initiative (see p. 20), has provided a statewide multimedia campaign *Sex Can Wait—I'm Worth It.* The IFHL monitors response calls.

In FY 2002 the major efforts to impact NPM #06 will continue to be the Indiana RESPECT funding, programs in adolescent health centers, and Healthy Pregnancy/Healthy Baby Campaign for the teen birth rate. For NPM #09, breastfeeding at hospital discharge, the Indiana Perinatal Network Subcommittee on Breastfeeding in conjunction with the WIC Breastfeeding Committee has done the most to impact the statistics.

PM #06: The birth rate (per 1,000) for teenagers aged 15-17 years

FY 2002 Performance Objective: The birth rate for teenagers aged 15-17 years of age will drop from 26 in FY 2001 to 25 in FY 2002.

Activities to affect this performance measure include:

- Indiana RESPECT Initiative will continue to grant state adolescent pregnancy prevention education funds and federal sexual abstinence education funds to agencies providing services to elementary, middle, and high school youth and the parents of teen students.
- Indiana RESPECT will continue to fund an evaluation of the Indiana RESPECT Initiative community grant program.

- Indiana RESPECT will continue the statewide media campaign, *Sex Can Wait—I'm Worth It* for teens and parents.
- MCHS will ensure the Healthy Pregnancy/Healthy Baby Campaign agencies provide counseling/referrals to health care providers or provide abstinence or family planning information to sexually active teens with negative pregnancy tests.
- HSD Consultants will assist local entities (health departments, Healthy Start, Step Ahead Councils, Regional Perinatal Advisory Boards, hospitals, home health care agencies, etc.) to initiate interventions to address this problem.
- MCH perinatal and family planning grantees will provide appropriate health care education and services to clients to encourage postponement of initial pregnancy or a second pregnancy until after the teen years.

PM #09: Percentage of mothers who breastfeed their infants at hospital discharge

FY 2002 Performance Objective: The percentage of mothers who breastfeed their infants at hospital discharge will increase from 61% in FY 2001 to 62% in FY 2002.

Activities to affect this performance measure include:

- MCHS will support the educational plans of the IPN Subcommittee on Breastfeeding by sending out mailings and providing educational materials.
- MCHS and WIC projects will have performance measures and activities to promote breastfeeding to prenatal clients.
- MCHS and WIC projects will participate in World Breastfeeding Week projects.

- The *Indiana Perinatal Network Breastfeeding Consensus Statement* will be distributed by MCHS, IPN and WIC.
- The IPN Breastfeeding Subcommittee and the WIC Breastfeeding Committee will interface and prepare a joint statewide plan together.
- IPN Breastfeeding Subcommittee and WIC Breastfeeding Committee will support the establishment of Baby Friendly Hospitals in Indiana.
- IPN Breastfeeding Subcommittee and WIC agencies will provide information on Breastfeeding at the Indiana Black Expo and other health fairs.
- IPN Breastfeeding Subcommittee and the WIC Breastfeeding Committee will support the establishment of baby-friendly worksites and will offer technical assistance for the establishment of worksite lactation rooms.

Newborn Screening: The following two NPMs are directed at infant screening in order to provide early intervention to prevent major disabilities. The Newborn Screening program in Indiana is well established and very effective. It is mandated and funded by state law. It assures that all infants born in Indiana, approximately 85,000 annually, are tested for eight genetic disorders (phenylketonuria, galactosemia, maple syrup urine disease, homocystinuria, hypothyroidism, hemoglobinopathies, including sickle cell disease, congenital adrenal hyperplasia, and biotinidase deficiency). Maintenance of this program to the effectiveness already attained will continue to be the objective even as new screens are added.

Criteria for targeted screening for drug afflicted infants were expanded in FY 2000. As a result more babies are being

screened. The follow-up tracking to ensure the babies are receiving early intervention is in place.

Universal screening of newborns for hearing impairment before hospital discharge was fully implemented in July 2000. ISDH is to collect data and ensure referrals to First Steps have been completed for all questionable or positive hearing screens. Reports indicate that 97% of the newborns are being screened to date.

PM #04: Percent of newborns in the State with at least one screening for each of PKU, hypothyroidism, galactosemia, hemoglobinopathies (e.g. sickle cell diseases) (combined).
FY 2002 Performance Objective: Maintain or improve on the 99+ percent of newborns with at least one completed NBS test.
Activities to impact this performance objective include:

- Continue to follow-up on all screening test results until they are complete and negative or receiving treatment.
- Continue to refer to the Genetics, Sickle Cell, and CSHCS programs.
- Continue working with the NBS Advisory Task Force to determine rules, procedures, and policies. The group will determine the appropriate testing for further metabolic conditions with tandem mass spectrometry.
- Continue to track incidence of prenatal substance use found in meconium screening at birth.
- The NBS Director will chair the Screening subcommittee of the Genetics Advisory Committee.

PM #10: Percentage of newborns who have been screened for hearing impairment before hospital discharge.

FY 2002 Performance Objective: *Increase universal newborn hearing screens from 95% in FY 2001 to 99% in FY 2002.*

Activities to impact this performance objective include:

- Provide technical assistance to hospitals relating to newborn hearing screening rules, protocols and reporting requirements.
- Track the newborn hearing screen statistics.
- Follow-up on all positive and questionable screens with First Steps to ensure the hospital referred the families for diagnostics and early intervention.

3. Children

Population-based services and educational priorities related to childhood health in Indiana include lead poisoning prevention, injury prevention and childhood hazards, immunizations, and the use of dental sealants. The first three of these priorities affect all three populations, but will be listed under children.

The Indiana Childhood Lead Poisoning Prevention Program (ICLPPP) has been honored for its use of Geographic Information System (GIS) mapping to expose areas at risk of having populations exposed to lead. Through this work it is been determined that it is more productive to focus on universal screening in these targeted areas than universal screening statewide.

SP #14: The number of children (6 months through 6 years) screened for blood lead levels at-risk in targeted census blocks groups.

FY 2002 Performance Objective: *During SFY 2002, 20,000 children aged 6 months through 6 years from targeted areas will be screened.*

Activities to assist with accomplishing this objective include:

- Provide universal lead screening in the targeted areas.
- There will be increased screening efforts for Hoosier Healthwise children in the state.
- ICLPPP consultants will provide assistance in the development of local screening sites and coordinate the medical services within a geographical area with the diverse cultural, racial, and socioeconomic groups.
- ICLPPP consultant will assist county/community lead task force groups and local health departments.
- East Chicago Health Department and Allen County Health Department will receive funding through the CDC grant (if funded) to establish and increase the screening, and medical and environmental follow-ups.
- ICLPPP will utilize the Statewide Screening Guidelines developed by the appointed State Advisory Lead Poisoning Prevention Task Force.
- ICLPPP will engage the support of an advocate group (Improving Kids Environment [IKE]) for the purpose of public awareness about the issue.
- ICLPPP will work closer with OMPP to improve the screening of children enrolled in EPSDT.

MCHS, CSHCS, and the Title V grantees assist the Communicable Disease Division in ISDH in completing the following performance measure. Major emphasis of this effort is to provide accurate public and private tracking of immunization records and data to avoid duplication and to improve access to immunizations to the public.

PM #05: Percent of children through age 2 who have completed immunizations for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, Hepatitis B

FY 2002 Performance Objective: The percent of children through age 2 who have complete immunization for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B will increase from 81% in FY 2001 to 82% in FY 2002.

Activities to assist with accomplishing this performance objective include:

- Free vaccine (both VFC and 317) is provided to all MCHS sites providing immunization service to children. Immunizations are provided on site.
- All MCHS grantees providing enabling services (prenatal and family care coordination) will facilitate clients into obtaining appropriate immunizations for children.
- MCHS will participate in discussions regarding the feasibility of developing an Immunization Registry in Indiana.
- IFHL will continue to provide education and referrals to callers on immunizations.
- MCHS grantees providing immunizations to more than 25 children in the 19-35 month old age group will receive a Clinic Assessment Software Application (CASA) yearly to determine their immunization rate of this age group.

Through a States System Development Initiative (SSDI) grant obtained for FY 2000-2001, MCHS is trying to develop a system to collect data on sealant utilization by third grade in Indiana. Currently, only the Behavioral Risk Factor Surveillance Survey

provides interim data on dental sealants. Baseline information was determined through an in-mouth survey done in the early 1990s. It is difficult to project or to estimate the outcome until a more regular and reliable system is in place in 2002. The system being tested is a written survey given to third grade classes of chosen schools in February of 2000 and 2001. The results of the surveys are being compared to an in-mouth survey done in the fall of 2001. Preliminary results of the surveys done in 2000 indicate that the 33% of children with sealants obtained from the first written survey falls within the confidence interval of the 31% of children with sealants found in the in-mouth survey. Thus, this system may provide as valid data as estimated from in-mouth surveys. Title V supports the community-based pit and fissures sealant program, initiated in 1994. The program's objectives include (1) promoting the use of sealants throughout Indiana to promote reaching the 2010 national health objective of 50% of third grade children will be protected by sealants, and (2) promoting the cooperation of Indiana dentists, dental hygienists, and dental assistants in the community dental health programs.

PM #07: Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

FY 2002 Performance Objective: The percent of third grade children who have received protective sealants on at least one permanent molar tooth will increase to 32% in FY 2002.

Activities to assist in meeting this objective include:

- Oral Health Services will continue its on-going community-based dental sealant program that assists communities in setting up community sealant sessions.

- MCHS projects will screen for or inquire of clients whether their children have sealants.
- MCHS will educate clients as to the preventive health aspects of dental sealants and facilitate them into care where possible.
- Oral Health Services will continue to encourage dental providers to participate in Hoosier Healthwise.
- Oral Health Services dentists will maintain liaison with OMPP on dental health concerns.
- The IFHL will continue to provide referrals for dental services (sealants) as they are available.
- Oral Health Services will continue to promote the utilization of pit and fissure sealants to dental/dental hygiene students at IU School of Dentistry.
- Oral Health Services will develop and implement a plan to obtain annual data to support this performance measure.
- Oral Health Services will provide dental sealant information to targeted schools.
- Oral Health Services will assist communities in gaining designation as Dental HPSA.
- Oral Health Services will provide technical assistance to Community Health Centers to establish dental services within the CHCs

The development of an Injury Prevention Program for MCH and for ISDH has been a challenge since 1993. Presently the Director of the Childhood Lead Poisoning Prevention Program devotes 10% of her time on this topic. Dr. Charlene Graves is providing some direction to the ISDH injury prevention efforts. OMPP is seeking a waiver from HCFA to distribute safety devises (auto safety seats, booster safety seats, smoke alarms, in-

line skating and bike helmets) and education through Medicaid providers. This would be a statewide collaboration among MCHS, SAFE KIDS Coalitions and Chapters, the Automotive Safety Seat for Children Program and others. While an injury prevention program has been listed as an ISDH priority and is part of ISDH Applied Strategic Performance Plan, bureaucratic barriers have prevented a full program from being initiated.

PM #08: The rate of deaths to children aged 0-14 (as requested by Dr. Van Dyke's 6-21-2000 letter) caused by motor vehicle crashes per 100,000 children.

FY 2002 Performance Objective: The rate of death to children aged 0-14 caused by motor vehicle crashes per 100,000 children will decrease from 5.2 in FY 2001 to 5.1 in FY 2002.

Activities to assist in accomplishing this objective include:

- All MCHS projects will educate on safety and injury prevention issues including the use of auto safety seats and booster safety seats.
- Develop a resource directory of available safety programs.
- Survey all state agencies with injury programs and databases.
- Develop a plan for a childhood injury prevention program that will implement the Childhood Hazards Law.
- Maintain linkage with safety and injury prevention groups throughout the state and nationally.
- All MCHS direct medical service projects will do an observational survey of their clients use of seat belts and auto safety seats as they leave the clinic and a mini-needs assessment of the clients understanding of safety seats, booster safety seats, and seat belt usage.

- MCHS grantees will participate in the Medicaid waiver efforts to distribute safety seats and education through provider offices.

3. Children with Special Health Care Needs

Sickle Cell Program: The Sickle Cell program is mandated by Indiana law. The NBS Director oversees this program and provides technical assistance to the Sickle Cell Grantees. This program provides prophylactic antibiotics for infants diagnosed with sickling disorder and encourages enrollment into CSHCS. The five community-based sickle cell programs provide genetic counseling and outreach for affected families. Reorganization of this program has placed technical assistance for the Indiana Hemophilia and Thrombosis Center with a consultant in CSHCS. The contract with this center provides physician and health care practitioner education in hospital emergency rooms and targeted at-risk counties around the state. This center also provides outreach for 31 Amish hemophiliac patients, 28 hemophilia carriers, 8 von Willibrands, and 7 other rare diseases in northern Indiana to provide nursing services and annual medical clinic and blood clotting factor concentrate. In addition, the center is funded to facilitate dental services to the Amish. Hemophilia program pays annual premiums for health insurance for high-risk clients, Indiana Comprehensive Health Insurance Association, for eligible patients with severe or moderately severe blood clotting disorders, including hemophilia and von Willebrands disease. Currently, there are 38 client in this program.

Genetics Disease Program: The Genetic Disease Program has three primary goals: (1) To educate professionals and consumers

about genetic disorders and available services; (2) To educate families and children with genetics disorder or birth defects; (3) To assure equal access to services regardless of socioeconomic status. During 2001 (due to a position vacancy) the HSD Team Leader and NBS Director have provided consultation and technical assistance to five Title V funded regional genetics clinics, the Indiana Congenital Hypothyroidism Follow-Up Program, and for the Statewide Program for the Detection and Management of Inborn Errors of Metabolism at Clarian's Riley Hospital for Children temporarily. The five regional clinics provide genetics counseling and testing, prenatal diagnosis, education for health care providers and the public, and coordination of referrals for consultation. Enhanced coordination between Healthy Start in Lake County and the genetics clinics has occurred with the implementation of a genetics screening tools used by the Healthy Start staff to identify at-risk clients for referrals. Through the Genetics Advisory Committee and the March of Dimes educational outreach and consultation with health care providers to improve coordination of needed services has continued in the absence of a Genetics Consultant.

ENABLING SERVICES

1. All targeted population (Pregnant Women, Mothers, and Infants; Children; and Children with Special Health Care Needs)

Enabling Service Activities Provided by Direct Health Service Grantees: Indiana MCHS clinic standards for MCHS-funded prenatal, child health, and family planning services include the requirement for appropriate professional staff to provide comprehensive services beyond just medical care delivery. To have social service and nutrition professional staff available to

the clients to provide psycho-social needs assessment and intervention or referral and in depth nutritional assessment and intervention has been recommended for all direct health service grantees. These staff provide many of the enabling services such as case management activities including coordination of families with local Medicaid, WIC, transportation, and family support service. All clinics do their own outreach marketing of their services. Many clinics that have clientele who do not speak English hire staff who can assist in translation. All clinic professional staff provide age and health condition appropriate health education and safety education.

Case Management: Family care coordination, which by MCHS definition includes prenatal care coordination, CSHCS care coordination, Riley Hospital Newborn Follow-up, First Steps service coordination, Healthy Families Indiana family support program, etc., is an enabling service that provided service to all three populations. A past priority for Indiana MCHS has been to design a way to prove the effectiveness in improving health outcomes of this labor-intensive service at least within the MCHS and CSHCS projects. With the new data systems of MCSH, reports should be available to begin to evaluate these programs for the FY 2001 annual report.

2. Pregnant Women, Mothers, and Infants

Health education and support: Smoking cessation and reducing teen smoking is an ISDH and state of Indiana priority. $35 million of the Tobacco Settlement is to be used for smoking cessation efforts. It has long been an MCHS priority, due to the negative impact the smoking behavior has on pregnancy outcomes. MCHS has administered the Prenatal Substance Use Prevention Program (PSUPP) for many years. This program has expanded twice in the

last two years to provide services in 8 clinics that serve pregnant women in 19 counties. It is anticipated that this program will expand further.

All MCHS grantees have staff trained in smoking cessation activities and continue to use a protocol to ask all clients about smoking habits and indirect smoke exposure. The new data system is able to collect and report on the smoking exposure of MCHS grantee clientele. Client education and support in changing the smoking habit or smoke environment are offered. Hoosier Healthwise also reimburses professionals for smoking cessation sessions. MCHS grantees are to monitor smoking change of prenatal clients. However, because the enabling service of smoking cessation should be more widely available in FY 2001, MCHS has elected to broaden the scope of performance to include statewide prenatal population.

SP #11: The percent of live births to mothers who smoke.

FY 2002 Performance Objective: Decrease the percent of mothers of live births who smoke from 20.4% in CY 2001 to 20.1% in CY 2002.

Activities that will impact accomplishment of this objective include:

- PSUPP director will facilitate the expansion of PSUPP services in prenatal clinics.
- Require MCHS project staff to discuss smoking cessation with each family or prenatal client that is exposed to smoke and offer or refer to smoking cessation sessions.
- MCHS direct service and enabling projects will collect smoking cessation data on prenatal clients and primary and second hand smoking data on pediatric and family care coordination clients.

- State MCSH and CSHCS staff will participate in any agency-wide smoking cessation educational efforts.
- MCHS will participate in the Indiana Tobacco-Free Partnership supported by ISDH.
- MCHS will support as needed the ISDH media and school-based education programs.

Outreach, Case Management: Through the Indiana Healthy Pregnancy/Healthy Baby Campaign, free pregnancy testing is used as a marketing tool for local agencies providing services to women of childbearing age. These agencies provide enabling services (referrals and education) to their clients whether the tests are positive or negative. This program is population-based with no income limitation on its use and it impacts the teen pregnancy performance measure and all of the perinatal risk factor measures.

3. Children

Education: The Indiana RESPECT Community Grant Program has provided Federal Sexual Abstinence Education grants and State Adolescent Pregnancy Prevention Education grants. These grantees will be providing direct contact with the children for this enabling service.

4. Children with Special Health Care Needs

Case Management: During 2001 due to budgetary constraints local community-based care coordination for CSHCS was discontinued. A Customer Service Unit in the state office will provide some facilitative services for clients. The Indiana Family Helpline will also provide information and referral services.

MCHS funds, through the Indiana Hemophilia and Thrombosis Center, Inc. (IHTC), a statewide outreach program for Amish persons with bleeding disorders. The program provides home visits and health care services. All members of the Amish Hemophilia community are invited to an annual outreach clinic. Factor concentrate is provided to 31 Amish patients with diagnoses and 28 carriers of hemophilia, 8 von Willibrands and 7 other rare diseases who require services.

During FY '99 a Broad Agency Announcement was issued through First Steps to select a provider enrollment vender. A joint provider enrollment contract was developed and is now used by both CSHCS and Firsts Steps in enrolling providers for the 0-3 population. This should expand the provider matrix base and options for clients to have a local medical home. The Indiana Integrated Services SPRANS grant leadership has disseminated a training video for physicians.

The limiting factor in Indiana's ability to achieve this performance measure is in the inability to determine accurately the population of children with special health care needs and then documenting those that have a "medical home". As the database in both CSHCS and First Step become more interfaced, perhaps this data will be more complete. The federal survey for CSHCN should also provide necessary information.

PM #03: The percent of Children with Special Health Care Needs (CSHCN) in the State who have a "medical/health home".
FY 2002 Performance Objective: The percent of CSHCN in Indiana who have a "medical/health" home will be maintained at 87.8% in FY 2002.

Activities that will impact the accomplishment of this objective include:

- Implementation of a data collection/reimbursement system for CSHCS that will be integrated with First Steps SPOE/CRO system to identify enrolled CSHCN with medical homes.
- Provide professional training through a four-part video to physicians and their staff who provide primary care services to CSHCN.
- Continue to outsource provider enrollment to include outreach to providers.
- All CSHCS care coordinators and First Steps service coordinators will facilitate a "medical/health home" for all clients enrolled.
- The First Steps Neonatal Intensive Care Unit outreach referral system for the 0-3 population, that will link/enroll NICU babies/families into First Steps and possibly into CSHCS before discharge, will assist families into a medical home as part of the Individualized Family Service Plan (IFSP).
- Establish an active Birth Problems Registry.

DIRECT HEALTH CARE SERVICES

1. ***All Targeted Populations (Pregnant Women, Mothers, and Infants; Children; Children with Special Health Care Needs)***

   In FY 2001 of the 65 grants issued (excluding Indiana RESPECT), 39 or 60% of them provide direct health care service to fill a need or service gap. Indiana MCHS relies on local direct health and enabling providers to impact the risk factor performance measures. CSHCS reimburses health care providers for services rendered to their clients.

2. ***Pregnant Women, Mothers and Infants; Children***

Indiana has no specific performance measures for pregnant women, mothers and infants, or children in the direct service category.

3. ***Children with Special Health Care Needs***

During FY 2000, CSHCS has completed a pilot study with SSI to develop a system to ensure that all SSI recipients who are eligible for CSHCS are enrolled. The pilot study worked with SSI in Marion Co. For three months SSI forwarded the applications of new SSI recipients to a CSHCS consultant who followed up with the client. SSI also included in their denial letter information on CSHCS. Of the 52 referrals, 19 were eligible for CSHCS and only 4 completed an application. Due to CSHCS reorganization, statewide implementation of this system has been delayed. Because Hoosier Healthwise/Medicaid coverage is not automatic for SSI beneficiaries in Indiana, CSHCS covers the primary medical and specialty rehabilitative services related to the diagnosis of dually enrolled children. For those SSI children covered by Hoosier Healthwise/Medicaid, CSHCS will cover some services not covered by Medicaid, especially those related to diagnosis. The new computer system for CSHCS and SSI should allow for the data for NPM #01 to be collected.

The NBS Program provides testing for the total population (see p. 17). Through a grant NBS also facilitates families who meet the income requirements in receiving metabolic infant formula supplements for their special needs infant.

PM #01: The percent of SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

FY 2002 Performance Measure: *Baseline data from CSHCS data collection system indicates that 11.6% of SSI beneficiaries (using the same denominator as for 1999) less than 16 years receive rehabilitative services from CHSCS. Since the denominator for 2000 may be larger, it is anticipated that this percent will be 11% for 2002.*

CSHCS activities associated with the accomplishment of this objective include:

- Develop an MOU with SSI in FSSA, which includes the annual sharing of this data.
- A system will be implemented statewide to educate SSI recipients and applicants about CSHCS.
- Data will be collected by CSHCS and the SPOE regarding enrollment in SSI.

The CSHCS program enrolls children with eligible diagnoses whose income is below 250% of the federal poverty guidelines. All applicants must apply to Hoosier Healthwise/ Medicaid and identify any medical insurance that the family may have. CSHCS will pay for primary care services provided in the physician's office not covered by another insurance source. CSHCS will also pay for specialty care and hospitalization related to the diagnoses for which the child is eligible for the program. Care coordination is provided for all enrolled families.

PM #02: The degree to which the State Children with Special Health Care Needs (CSHCN) Program provides or pays for specialty and subspecialty services, including care coordination, not otherwise accessible or affordable to its clients.

FY 2001 Performance Objective: *The Indiana CSHCS Program will continue to provide the 9 services listed in NPM #02.*

CSHCS activities to accomplish this objective include:

- The Director will participate/chair the Advisory Committee for CSHCN to the Child Health Policy Board.

Children enrolled in CSHCS with a diagnosis of asthma compose one of the largest groups of clients. Environmental and behavioral issues play a large role in controlling this disease. It was chosen because it is related to other environmental issues like lead poisoning and improvement in performance will result in decreased spending.

SP #10: The rate per 10,000 for asthma hospitalization (ICD9 Codes: 493.0 – 493.9) among children less than five years old.
FY 2002 Performance Measure: During FY 2001 baseline data for this measure will be set.
Activities to assist in accomplishing this objective include:

- CSHCS state consultants will explore how other states have approached the problem of the increasing prevalence of asthma.
- CSHCS state consultants will liaison with asthma professional and consumer groups.
- CSHCS state consultant will review educational materials about asthma.
- CSHCS state consultant will develop a plan to provide education to children enrolled with a diagnosis of asthma.
- Work with ERC to develop baseline data on asthma in children from the Hospital Discharge data, BRFSS data and mortality data.

4.2 Other Program Activities

Most activities of the Pyramid are addressed in Section 4.1. Some form of all the activities listed in the Pyramid are provided by ISDH, MCHS, or CSHCS. The following activities may need further explanation.

INFRASTRUCTURE BUILDING/Information Systems: Throughout this document reference has been made to the collaboration between MCSH and CSHCS and ISDH External Information Systems (EIS) in completing the development and implementing the new data collection systems. This effort is still in process and will be completed before the end of the fiscal year. The data warehouse for all ISDH also continues to be developed.

ENABLING SERVICES/Respite Care and Purchase of Health Insurance: These activities are available through state sources other than CSHCS. Respite care is available through the CHOICE Program and the Medicaid waiver program in Indiana. CSHCS offers insurance coverage to hemophiliacs on the program through the Indiana Comprehensive Health Insurance Association. This insurance does not cover respite care.

Other programs that need to be addressed in this section follow:

The Indiana Family Helpline has been discussed in this plan (see p.__). It is an integral part of all but the direct medical service level of the Pyramid.

Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) is a service that is a part of the Hoosier Healthwise (Medicaid) program in Indiana. There is no special enrollment for clients or providers. If a provider performs an EPSDT complete physical and screens, the provider requests reimbursement for the complete physical using specific codes. Reimbursement for EPSDT is at a higher rate than for a regular office visit. Unfortunately, in Indiana EPSDT exams are not well documented by the providers. MCHS projects serving children offer the EPSDT exam. MCHS Child Health Supervision Guidelines

are being offered to OMPP and Hoosier Healthwise providers as a template for including EPSDT exams in the child health visit. At least one of the Hoosier Heathwise contracted managed care organizations has used and distributed the MCHS Child Health Supervision Guidelines to its providers.

WIC at ISDH has the same director as CSHCS and participates collaboratively with both MCHS and CSHCS in population-based education efforts. In the past 2 years MCHS has sponsored the IBCLC certification exam. Next year MCHS will collaborate with WIC in implementing the use of Bright Futures Nutrition Guidelines and in an education focus on childhood obesity.
Coordination with Social Security Administration, State Disabilities Determination Services Unit occurs in conjunction with Supplemental Security Income as stated on p. ___.

Vocational Rehabilitation, a program for adults and young adults (>16 years) with disabilities that assist them in determining career goals, is used by CSHCS consultants as a referral for young adults in CSHCS during transition. Eligibility for CSHCS is available to children up to the age of 21 years (except for people with cystic fibrosis). Vocational Rehabilitation can assist with this transition. IPIN, with CSHCS grant monies, has created a brochure for teens explaining this service.

4.3 Public Input [Section 505(a)(5)(F)]

The State Title V program solicited public comments for this application by placing the draft on the MCH web page and by distributing the draft to selected members of the MCHS/CSHCS Advisory Council and interested parties. These individuals were encouraged to review the draft and provide comments. Copies of the draft application were made available upon request and were also accessible in government document sections of thirteen public libraries across the state. A legal notice was placed in all major newspapers in the state alerting readers to the placement of the documents.

4.4 Technical Assistance [Section 509 (a)(4)]

See Form 15, Section 5.8

Form 15, Section IIA

Form 15, Section IIIB